

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

1294 Centre Street

Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063

TDD/TTY 617-796-1089



Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD UNIT

DATE: _____ TELEPHONE: _____

NAME OF MOBILE: _____

BUSINESS ADDRESS: _____

Street

City

Zip Code

MAILING ADDRESS: (IF DIFFERENT) _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

Street

City

Zip Code

NAME AND ADDRESS OF OWNER: (IF DIFFERENT FROM APPLICANT) _____

IF PARTNERSHIP/CORPORATION GIVE NAME: _____

TITLE, HOME ADDRESS OF PARTNERS OR OFFICERS: _____

EMERGENCY RESPONSE PERSON: _____ 24 HOUR TELEPHONE # _____

STATE OF INCORP: _____ HOME TELEPHONE NUMBER: _____

☐

CHECK HERE IF APPLYING FOR LICENSE TO SELL MILK.

VEHICLE REG # _____

PURSUANT TO M.G.L. CH. 62C, SEC. 49A I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

PLEASE SUBMIT A COPY OF **CERTIFIED FOOD MANAGEMENT TRAINING CERTIFICATE**. APPLICATION MUST BE FULLY COMPLETED WITH FEE PAYABLE TO THE CITY OF NEWTON.

\$90.00 MOBILE UNIT FEE ENCLOSED: _____

FEDERAL IDENTIFICATION # _____

\$ 10.00 MILK LICENSE FEE: _____

TOTAL ENCLOSED: _____

SIGNATURE OF INDIVIDUAL CORP/OFFICER

